

## EMPLOYMENT CRIMINAL HISTORY BACKGROUND CHECK

Utah Code Annotated 53-10-108 allows the release of Utah Criminal History information to qualifying entities. Determination of your agency's eligibility may be made by referring to this code.

The procedure for requesting Criminal History background information can be provided in one of two ways:

1. Name/DOB search \$10.00 – This search will check the following files: Utah Criminal History, Utah Statewide Warrant and Protective Order, and Federal Want and Warrant files. Turnaround 7-10 days.

**If a hit is made by name on a criminal history record or warrant you will receive notification that the subject of record may be the person of your inquiry. Information regarding the criminal history or warrant will be included.**

Name checks are based only on information you submit. Include the full name of all applicants, as well as maiden names and formerly used last names (do not use initials). Assure that all other identifying information is included for each applicant.

- \*2. Fingerprint Verification Search \$15.00 – This search will check the following files: Utah Criminal History, Utah Statewide Warrant and Protective Order, and Federal Want and Warrant files. An additional search will check the fingerprint files of the following states: Alaska, Idaho, Montana, Nevada, Oregon, Utah, and Wyoming. Turnaround – 3 to 4 weeks.

**You will need to include a completed applicant fingerprint card along with BCI form 02-08-01.**

\* In conducting criminal background checks, complete and accurate identification of the individual being checked is of critical importance. It is misleading to think that a computer name check is sufficient to make employment decisions. However, the decision is up to the agency on which type of background you choose.

- A signed waiver must be kept on file by the employing agency. **Do not send to the Bureau of Criminal Identification.**
- The information submitted must be typed, if possible. Additional copies may be found on our website at [www.bci.utah.gov/Admin/feduciary\\_security.pdf](http://www.bci.utah.gov/Admin/feduciary_security.pdf)
- A money order, cashier's check, commercial business check made payable to the **Utah Bureau of Criminal Identification**, or credit card number must accompany all requests. If sending multiple money orders/checks, they must be sent in an orderly fashion. Numbering the listed names on our form and listing a corresponding number on the money order/check would be acceptable. Please be advised that fees are subject to change due to legislative mandate.
- Each request sheet must include your agency's full name and address (including street, suite, city, state, zip code and phone number), an **authorized signature**, the category for which your agency qualifies, and the type of background check requested.
- **Criminal History or Warrant information received by the requesting agency may not be photocopied and given to the applicant. You may review the information with the applicant in person and if the applicant wishes to have a copy of the information they must make an application at the Utah Bureau of Criminal Identification.**

**By signing this request you are certifying that you are using any information obtained properly and in accordance with state law.**

**UTAH BUREAU OF CRIMINAL IDENTIFICATION**  
**3888 W 5400 S – BOX 148280**  
**SALT LAKE CITY UT 84114-8280**  
**(801) 965-4445 (Name/DOB) or (801) 965-4569 (Fingerprints)**  
**REQUEST FOR CRIMINAL HISTORY INFORMATION FOR EMPLOYMENT PURPOSES**

Portions of this form may be filled out on your screen. Move the “hand” icon over the field to be filled in. When the hand turns into an “I” beam, you may type in your information. Hit “TAB” to move to the next field.

**REQUESTING AGENCY/COMPANY**

Agency/Company Name \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I certify this request is made pursuant to UCA 53-10-108 and Public Law 105-251, for the purpose indicated below, and that all information provided on this form is true and accurate. I understand that further dissemination or other use of any criminal history information is prohibited by law. I further certify that waiver forms have been signed by all applicants and are on file with this office. I understand that signed forms must be furnished upon request for verification.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**PURPOSE**

- ☐ Fiduciary Funds \_\_\_\_\_ \*
- ☐ National Security \_\_\_\_\_
- ☐ Commissioner Public Safety Approval \_\_\_\_\_
- ☐ Other statutory authority \_\_\_\_\_ \*

\*Note the reason or statute that authorizes requests

**FEE\*\***

- ☐ \$10.00 Name/DOB ☐ \$15.00 Fingerprint  
(must include fingerprint card)

Total # of Searches \_\_\_\_\_ Total \$ \_\_\_\_\_

**METHOD OF PAYMENT (Check appropriate box for payment )**

☐ Cashier's Check or Money Order or Commercial Business Check (Payable to “Utah Bureau of Criminal Identification”), or Credit Card # must accompany all requests. \*\*Fees subject to change due to legislative mandate.

☐ Credit Card ☐ Visa ☐ OR ☐ Master Card

Card Number

\* 3 digit control #

Expiration Date

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PRINT Name as it appears on the card: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_

**APPLICANT NAMES**

(Last, First, MI)

**NOTE:** A ✓ mark in the box prior to the applicant name indicates a criminal conviction or warrant and documentation will be enclosed.

1. ☐ NAME \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ SSN: \_\_\_\_\_

DR LIC #/UT \_\_\_\_\_ / \_\_\_\_\_ FORMERLY USED LAST NAMES \_\_\_\_\_

2. ☐ NAME \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ SSN: \_\_\_\_\_

DR LIC #/UT \_\_\_\_\_ / \_\_\_\_\_ FORMERLY USED LAST NAMES \_\_\_\_\_

3. ☐ NAME \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ SSN: \_\_\_\_\_

DR LIC #/UT \_\_\_\_\_ / \_\_\_\_\_ FORMERLY USED LAST NAMES \_\_\_\_\_

4. ☐ NAME \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ SSN: \_\_\_\_\_

DR LIC #/UT \_\_\_\_\_ / \_\_\_\_\_ FORMERLY USED LAST NAMES \_\_\_\_\_

5. ☐ NAME \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ SSN: \_\_\_\_\_

DR LIC #/UT \_\_\_\_\_ / \_\_\_\_\_ FORMERLY USED LAST NAMES \_\_\_\_\_

## Waiver

Qualifying Entity

Address

In connection with my application for employment in a position which involves: (Check one)

- ☐ Fiduciary Funds \_\_\_\_\_ \*
- ☐ National Security
- ☐ Commissioner of Public Safety Approval
- ☐ Other statutory authority \_\_\_\_\_ \*

\*Note the reason or statute that authorizes requests

I hereby authorize the above named agency to review my past and present employment, education, and to conduct a criminal background check to ascertain any and all information which may be pertinent to my employment qualifications. I do hereby release all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information.

\_\_\_\_\_  
Prospective Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Authorized Representative Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Prospective Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Authorized Representative Signature

\_\_\_\_\_  
Date